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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.  | (a) Name of Candidate (in full)  |                            |  |            |                  |                 |   |          |         |        |           |  |
|---|--|----------------------------|--|------------|------------------|-----------------|---|----------|---------|--------|-----------|--|
|   | Pierre, Ravin, R, ,  (b) Address (number and street)   | □ Chook if a               | 2. Condidate's FFC Identification Number |            |                  |                 |   |          |         |        |           |  |
|   | PO Box 30876   | and street)                |  |            |                  |                 | Candidate's FEC Identification Number     S2WA00395 |          |         |        |           |  |
|   | (c) City, State, and ZIP Code  |                            | 3. Is This                               |            | New              |                 |   | Amended  |         |        |           |  |
|   | Seattle WA 98113   |                            |  |            |                  | Statem          |   | (N)      | OR      |        | (A)       |  |
| 4.  | Party Affiliation  | 5. Office Sought           |  |            | 6. State & Distr |                 | ate   |          |         |        |           |  |
|   | DEMOCRATIC PARTY   | Senate                     |  |            | WA               | 00              |   |          |         |        |           |  |
|   | DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  |                            |  |            |                  |                 |   |          |         |        |           |  |
| 7.  | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election) |                            |  |            |                  |                 |   |          |         |        |           |  |
|   | NOTE: This designation should be filed with the appropriate office listed in the instructions.                                   |                            |  |            |                  |                 |   |          |         |        |           |  |
| (a) Name of Committee (in full) PIERRE the PROGRESSIVE  |  |                            |  |            |                  |                 |   |          |         |        |           |  |
|   | (b) Address (number and street)<br>PO Box 30876  |                            |  |            |                  |                 |   |          |         |        |           |  |
|   | (c) City, State, and ZIP Code  |                            |  |            |                  |                 |   |          |         |        |           |  |
|   | Seattle  |                            |  |            | WA               | 98113           |   |          |         |        |           |  |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  |  |                            |  |            |                  |                 |   |          |         |        |           |  |
| 8.  | I hereby authorize the following name candidacy.   | ned committee, which is    | s NOT my                                 | / principa | al campaign com  | nmittee, to red | ceive and e   | expend f | funds o | n beha | alf of my |  |
|   | NOTE: This designation should be f   | iled with the principal ca | ampaign                                  | committe   | ee.              |                 |   |          |         |        |           |  |
|   | (a) Name of Committee (in full)  |                            |  |            |                  |                 |   |          |         |        |           |  |
|   | (b) Address (number and street)  |                            |  |            |                  |                 |   |          |         |        |           |  |
|   | (b) riddress (namper and street)   |                            |  |            |                  |                 |   |          |         |        |           |  |
|   | (c) City, State, and ZIP Code  |                            |  |            |                  |                 |   |          |         |        |           |  |
|   |  |                            |  |            |                  |                 |   |          |         |        |           |  |
|   | I certify that I have exa  | mined this Statement a     | and to the                               | best of r  | my knowledge al  | nd belief it is | true, correc  | ct and c | omplet  | e.     |           |  |
| Si  | gnature of Candidate   |                            |  |            |                  | Date            |   |          |         |        |           |  |
| Pi  | ierre, Ravin, R, ,   |                            |  | [Elect     | ronically Filed] | 06/18/202       | 21  |          |         |        |           |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. |  |                            |  |            |                  |                 |   |          |         |        |           |  |
|   |  |                            |  |            |                  |                 |   |          |         |        |           |  |
|   |  |                            |  |            |                  |                 |   |          |         |        |           |  |

FEC FORM 2 (REV. 02/2009)